

## **GRANT CONCEPT FORMAT**

**PROJECT TITLE:**

**AGENCY:**

**PROPOSED BEGINNING DATE:**

**PROPOSED ENDING DATE:**

**PROBLEM STATEMENT SUMMARY:**

**PROBLEM STATEMENT:**

**PROPOSED SOLUTION:**

**PERFORMANCE MEASURES:**

**Goal(s)**

**Objectives**

### Proposed Budget

Budget Category	Federal Fiscal Year 1 10/1/04 to 9/30/05	Federal Fiscal Year 2 10/1/05 to 9/30/06	Project Total
<b>Personnel</b> (include position title, rate, and % of time on project)  Benefits _____%			
<b>Category Sub-Total</b>			
<b>Travel</b> In-state Out-of-State			
<b>Category Sub-Total</b>			
<b>Contractual Services</b>			
<b>Category Sub-Total</b>			
<b>Equipment</b> (unit cost >\$5,000 (include taxes and shipping, set-up, etc.)			
<b>Category Sub-Total</b>			
<b>Other Direct Costs</b> (<\$5,000 w/unit cost under \$5,000, materials, printing, etc., include taxes and shipping)			
<b>Category Sub-Total</b>			
<b>Indirect Costs</b> (see instructions)			
<b>Category Sub-Total</b>			
<b>Project Total</b>			

**BUDGET NARRATIVE**

Provide a brief narrative explanation and justification of individual items of expenditures, which make up the amounts reflected in the proposed budget schedule, by cost category.

**Personnel:**

(Include duties for each position requested)

**Travel:**

(Specify purpose of travel; i.e. local travel for project needs, state conferences)

**Contractual Services:**

(Include costs for outside services that your agency cannot provide)

**Equipment:**

(Detail purpose of each piece of equipment requested)

**Other Direct Costs:**

(Include each requested item and application to the project)

**Indirect Costs:**

(State the indirect cost percentage and what it will cover)